## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

10/511360

APPLICANT(S)

FILING DATE

AFTER 2 MAMENDMENT IND. DEP.

$\mathbf{CL}$	$\mathbf{A}$	M	S

	AS FILED		AFTER		AFTER  2 AMENDMENT				AS FILED		AFTER	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	]		IND.	DEP.	IND.	DEI
2								51				
3				<del>                                     </del>			-	52				
4							ł	53				
5				<del>                                     </del>			1	<u>54</u> 55				<b> </b>
6							1	56				
7							1	57				
8				-			1	58				<del></del>
9							1	59		·		<del> </del>
10			- (				1	60				
11							Ì	61				
12								62				
13				-				63				-
14 15								64 .				
16					· ·			65				
17								66				
18								67				
19				$\dashv$				68				
20				-				69				
21								70 71				
22			•					72				
23				}				73				
24								74				
25			-					75				
26								76				_
27								77				
28								78				_
29								79				
30								80				
31								81				
32								82				
33	<del></del>							83				
34								84				
35 36								85				
37				-				86		)		
38								87	-			
39	-		•	<del>-   -  </del>				88 89	-			
40				1	<del></del>			90				
41								91				
42				1				92				
43								93				
44			<u> </u>					94				
45								95	t		•	
46		I						96				
47		I		1				97				
48							i	98				
49	<u> </u>							99				
50								100				
TAL IND.		4	<u>\</u>	4		4		TOTAL IND.		4		4
TAL DEP		4	36	4		<b>4</b> 2		TOTAL DEP		<b>←</b>		40
TOTAL LAIMS	2		44					TOTAL, CLADAS		<b>***</b>	I	
										.S. DEPART		- Company